

Student Name: _____ Current Grade Level _____ Student ID# _____
 Social Security # _____
 Career Choice: IB _____ Medical Magnet _____ Regular _____ Other _____

*CORE COURSES			
Department	Course/Level <small>Indicate the course and level **CP, S, H, AP</small>	Course Number	Teacher Recommendation/Comments <small>Teachers must provide appropriate recommendation</small>
English			
Social Studies			
Mathematics			
Science			
P.E.			
Foreign Language			

*You must register for a 6-period day.
 **College prep, honors, advanced placement.

ELECTIVES		
Course	Course #	Teacher Recommendation/Comments
1.		
2.		
3.		
4.		

ALTERNATE COURSES		
You MUST include (3) alternate courses for electives. <i>If you fail to select them, your counselor will select alternate courses that meet your graduation requirements.</i>		
1.	2.	3.

Please check one:

- _____ I would like to meet with my counselor to discuss my options
 _____ I have discussed the course requests listed above with my parent/guardian and do not need any additional assistance.

Student Signature: _____ Date: _____

Please check one:

- _____ I Do Not approve of the listed course requests. ** I will contact my child's counselor
 _____ I Approve of the above listed course requests.

Parent Signature: _____ Date: _____

Return to the Counseling Center at AHHS
 **Mr. Ortega, Ms. Peters, Mr. Pham, Ms. Caton